New Century Health

Drug Policy:

Darzalex™ and Darzalex Faspro™ (daratumumab IV/SC)

POLICY NUMBER UM ONC_1280	SUBJECT Darzalex™ and Darzalex Faspro™ (daratumumab IV/SC)		DEPT/PROGRAM UM Dept	PAGE 1 OF 4
DATES COMMITTEE REVIEWED 03/23/16, 01/05/17, 01/10/18, 01/09/19, 12/11/19, 01/08/20, 05/13/20, 06/10/20, 08/12/20, 09/09/20, 04/14/21, 09/08/21, 11/15/21, 12/08/21, 01/12/22, 04/13/22, 05/11/22, 07/13/22, 08/10/22, 11/09/22, 12/14/22, 03/08/23, 05/10/23	APPROVAL DATE May 10, 2023	EFFECTIVE DATE May 26, 2023	COMMITTEE APPROVAL DATES 03/23/16, 01/05/17, 01/10/18, 01/09/19, 12/11/19, 01/08/20, 05/13/20, 06/10/20, 08/12/20, 09/09/20, 04/14/21, 09/08/21, 11/15/21, 12/08/21, 01/12/22, 04/13/22, 05/11/22, 07/13/22, 08/10/22, 11/09/22, 12/14/22, 03/08/23, 05/10/23	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
URAC STANDARDS HUM v8: UM 1-2; UM 2-1	NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT	
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for Darzalex and Darzalex Faspro (daratumumab IV/SC) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

New Century Health (NCH) is responsible for processing all medication requests from network ordering providers. Medications not authorized by NCH may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. Continuation requests for a not approvable medication shall be exempt from this NCH policy provided:

1. The requested medication was used within the last year, AND
2. The member has not experienced disease progression and/or no intolerance to the requested medication, AND
3. Additional medication(s) are not being added to the continuation request.

B. Multiple Myeloma (MM)

1. NOTE 1: Subcutaneous daratumumab, Darzalex Faspro, may be substituted for IV daratumumab for all the indications listed in this policy.
2. Newly Diagnosed Multiple Myeloma: For members with newly diagnosed multiple myeloma, the following regimens are supported by NCH Policy for first line/initial therapy:
    a. Daratumumab + lenalidomide + bortezomib +/- steroid (for transplant eligible members only)
    b. Daratumumab + lenalidomide +/- steroid (transplant ineligible members)
    c. Daratumumab + bortezomib + thalidomide +/- steroid (transplant ineligible members)
    d. NOTE 2: Daratumumab + carfilzomib + lenalidomide +/- steroid is not supported by NCH Policy for the treatment of newly diagnosed MM (transplant eligible or transplant ineligible). This policy position is based on the lack of Level 1 Evidence(randomized clinical trials and/or meta-analyses) to show superior outcomes with the above regimen in comparison to:
        i. Daratumumab + lenalidomide + bortezomib +/- steroid] for transplant eligible newly diagnosed MM patients, and
        ii. Daratumumab + bortezomib + thalidomide + steroid for transplant in-eligible newly diagnosed MM patients, and
        iii. An exception may be made if the member is intolerant to/has a contraindication to bortezomib. Please refer to NCH alternative agents/regimens recommended by NCH including but not limited to regimens available at http://pathways.newcenturyhealth.com.
3. Relapsed/Refractory Multiple Myeloma: The following regimens are supported per NCH Policy:
    a. Daratumumab + carfilzomib +/- steroid ii. Daratumumab + pomalidomide +/- steroid (DRd) in members who failed 2 prior regimens or lines of therapy that include one proteasome inhibitor (e.g., bortezomib, ixazomib, carfilzomib) & one immunomodulatory agent (e.g., lenalidomide, thalidomide
    b. Daratumumab + lenalidomide +/- steroid (DRd)
    c. Daratumumab + bortezomib +/- cyclophosphamide +/- steroid
    d. Daratumumab monotherapy in members who failed 3 prior lines of therapy or double refractory on a proteasome inhibitor (e.g., bortezomib, carfilzomib, ixazomib) & an immunomodulatory agent (e.g., lenalidomide, pomalidomide, thalidomide).
    e. NOTE 3: [Daratumumab + selinexor +/- steroid] is not supported by NCH Policy for the treatment of relapsed/refractory MM. This policy position is based on the lack of Level 1 Evidence (randomized clinical trials and/or meta-analyses) demonstrating superiority of the above regimen compared to NCH recommended alternatives agents/regimens, including but not limited to regimens at http://pathways.newcenturyhealth.com.

III. EXCLUSION CRITERIA

A. Disease progression while on a Darzalex and Darzalex Faspro (daratumumab IV/SC) containing regimen, or disease progression on Sarclisa (isatuximab) or Sarclisa (isatuximab) containing regimen.

B. Dosing exceeds single dose limit of Darzalex IV 16 mg/kg or Darzalex Faspro SC 1,800 mg.

C. Investigational use of Darzalex and Darzalex Faspro (daratumumab IV/SC) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:

1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
4. Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

IV. MEDICATION MANAGEMENT

A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

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B. Costa LJ, et al. Daratumumab, Carfilzomib, Lenalidomide, and Dexamethasone With Minimal Residual Disease Response-Adapted Therapy in Newly Diagnosed Multiple Myeloma. J Clin Oncol. 2022 Sep 1;40(25):2901-2912.

C. Voorhees PM, et al. Daratumumab, lenalidomide, bortezomib, and dexamethasone for transplant-eligible newly diagnosed multiple myeloma: the GRIFFIN trial. Blood. 2020 Aug 20;136(8):936-945.

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I. Clinical Pharmacology Elsevier Gold Standard 2023.

J. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2023.

K. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2023.

L. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2023.

M. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.

N. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

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